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**CONFIRMATION NO. 7474**

SERIAL NUMBER 10/797,813	FILING DATE 03/10/2004  RULE	CLASS 514	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. 2417-1-012					
<b>APPLICANTS</b>  Albert Crum, Brooklyn Heights, NY;									
** CONTINUING DATA ***** <i>ug</i> <div style="text-align: center; margin-left: 150px;"><i>NONE</i></div>									
** FOREIGN APPLICATIONS ***** <i>ug</i> <div style="text-align: center; margin-left: 150px;"><i>NONE</i></div>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/26/2004									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; vertical-align: top;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance            Verified and Acknowledged  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-top: 1px solid black; width: 60%;"> <i>[Signature]</i>              Examiner's Signature           </div> <div style="border-top: 1px solid black; width: 35%;"> <i>ug</i>              Initials           </div> </div> </td> <td style="width: 15%; vertical-align: top; text-align: center;">           STATE OR COUNTRY NY         </td> <td style="width: 15%; vertical-align: top; text-align: center;">           SHEETS DRAWING 0         </td> <td style="width: 15%; vertical-align: top; text-align: center;">           TOTAL CLAIMS 36         </td> <td style="width: 10%; vertical-align: top; text-align: center;">           INDEPENDENT CLAIMS 11         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-top: 1px solid black; width: 60%;"> <i>[Signature]</i>              Examiner's Signature           </div> <div style="border-top: 1px solid black; width: 35%;"> <i>ug</i>              Initials           </div> </div>	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 11
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<b>ADDRESS</b> 23565 KLAUBER & JACKSON 411 HACKENSACK AVENUE HACKENSACK , NJ 07601									
<b>TITLE</b> Methods of assessing the need for and the effectiveness of therapy with antioxidants									
FILING FEE  RECEIVED 1036	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;">           FEES: Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            No. _____ for following:         </td> <td style="width: 40%; vertical-align: top;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )  <input type="checkbox"/> Other _____         </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____			
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